International Journal of Surgery 12 (2014) 194–195

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.journal-surgery.net

Editorial

# Editor's perspectives – March 2014

With a monthly issue it is difficult to write on topics not covered previously over the last decade. However, one subject I have not addressed is how medical students, postgraduate trainees and finally established surgeons learn. The late Professor Hugh Dudley, with whom I worked at my last Institution, Imperial College School of Medicine, was keen on reminding us that it was imperative to learn something new every day.

The teaching of medical students varies considerably across the globe and indeed has changed with changing curricula since my days in the UK. Increasingly anatomy is being cut, and even omitted in some institutions in undergraduate training, being delegated to postgraduate surgical curriculum. Bedside teaching, the mainstay of tuition in Sir Lancelot Spratt's day in "Doctor in the House" has taken a "back seat" in many western Medical Schools, though I am pleased to relate that ward rounds and out-patient clinic teaching is still the mainstay of teaching our undergraduates in the West Indies. Books have given way to computer learning and structured topics seem to have displaced patients. I can but repeat Sir William Osler, Professor of Surgery at Oxford in the late 19th century, who wrote "To study the phenomenon of disease without books (or their equivalent in the 21st century) is to sail an uncharted sea, while to study books without patients is not to go to sea at all".

Postgraduate surgical training, especially in those countries with a very short working week, is less and less hands-on, relying on simulation and self-learning. Research is easier with the internet bringing everything to one's mobile device – no bad thing – and the place of examinations is questioned by educationalists as to their value with in-house assessment increasingly replacing them.

We as Consultants depend on meetings which can be in our hospitals such as the invaluable, albeit time consuming, MDT meetings, local or international meetings. CPD is now all important though I for one find "bean counting" CME points pointless – "you can take a horse to water but not make him drink" often pertains to those collecting points rather than learning. I learn a huge amount by reviewing and editing papers for a number of journals and I recommend this method to you all. Sign up as a reviewer today. Medico-legal work is very instructive, whilst web-based problem solving both satisfying, when one is correct, and educational. Well enough of how we learn; educate yourselves and read what we have to offer in this edition of our International Journal of Surgery.

We have three Best Evidence Topics – the first from the UK on what is the best neo-adjuvant regimen prior to oesophagectomy – chemotherapy or chemo-radiation? Five articles which answered the question were studied; two were randomized controlled trials, two prospective studies and one retrospective study. It would appear that chemo-radiation significantly increases the pathological complete response rate but it is associated with an increased mortality and morbidity. However, in some studies there was a significant survival advantage too, so controversy still exists. Two randomized controlled trials are in progress, so maybe the question will be fully answered when these results are available. The second Best Evidence Topic addresses surgical vs. endovascular management of thrombosed autogenous a/v fistulae. Four papers represented best evidence out of 130 on this topic. Three studies demonstrated no significant difference, but one paper showed a hybrid approach helped with decreased hospital stay, less cost and improved initial success rates. The authors state that three studies showed that subsequent fistula patency rates were better after surgery. The third Best Evidence Topic from China addresses the pre-operative use of infliximab in Crohn's disease. The authors looked at 18 studies with >5000 patients. There appears to be a mild increase in post-operative complications especially infectious ones.

The second paper published from Korea deals with re-admission following radical gastrectomy. 22 out of 102 consecutive patients were re-admitted – five with strictures. They found no specific risk factors that predicted re-admission and there was no difference in survival or outcome in the re-admitted cases. The next article looks at the online information available for patients with carotid disease. There were 50 web-pages dealing with carotid endarterectomy and carotid stenting. The Irish authors found there was poor general readability especially re carotid stenting.

Our Italian colleagues addressed an important oncological problem with T1 colorectal cancers. In a series of 48 patients they showed that only poor histological grading is predictive of lymph node metastases with 12.5% of their patients proving to be lymph node positive. From Turkey we publish an experiment showing thymoquinone may have an important therapeutic effect via the up-regulation of antioxidant systems in the acetaminophen induced hepatotoxicity in rats. Another experimental study carried out in the USA on rabbit muscle investigated the tissue effect from different cutting instruments. It appears the old tried and trusty scalpel incisions cause the least damage and monopolar electrocoagulation results in the worst healing.

An observational case series study on multi-modal intra-operative monitoring in high risk patients undergoing major peripheral vascular surgery included 120 patients. Flow monitoring, depth of anaesthesia and cerebral oximetry were used as recommended by NICE. They had very impressive results with a 0.8% 30 day mortality against a V-POSSUM predicted 9%, an amputation rate of only 2% at one year and an HDU admission rate of only 8%. They conclude that this type of intra-operative monitoring has good benefits as it limits the build up of oxygen debt.

1743-9191/$ – see front matter 
http://dx.doi.org/10.1016/j.ijsu.2014.01.019

The last two papers are both very positive. The first, also from the UK, in a seven year retrospective review of the outcome of GORD related respiratory manifestations following laparoscopic fundoplication, the authors show 91% of the patients had symptomatic improvement but no predictive factors were discovered. Finally from Taiwan a review of five trials with 288 patients using an ambulatory LA infusion pump following open inguinal hernia repair had a significant reduction in pain during the first four post-operative days. However, they do point out that the methodological quality was not high.

Another issue packed full of fascinating papers from across the globe which will help your on-going surgical learning. I am again pleased to see more correspondence which we are happy to publish.

R. David Rosin, Professor of Surgery
*Faculty of Medical Sciences, University of the West Indies, Barbados*
*E-mail address:* rdavidrosin@gmail.com.

Available online 1 February 2014